



## CITY OF ATLANTA BOARD OF ETHICS Disclosure of Conflicts of Interest

*To be completed by any official or employee who has a personal or financial interest in any pending decision before the individual or the agency in which he or she is a member or employed. You are encouraged to file this form online at <https://apps.atlantaga.efile>. For more information, write to [ethicsofficer@atlantaga.gov](mailto:ethicsofficer@atlantaga.gov) or call the Ethics Office at (404) 330-6286.*

### PART ONE: IDENTIFYING INFORMATION

1. Name \_\_\_\_\_  
First Middle Last

2. Address \_\_\_\_\_  
Street

City State Zip Code

3. Telephone Number \_\_\_\_\_  
Day-time Other

4. E-mail Address \_\_\_\_\_

### 5. Please select the primary role in which the conflict arises.

- ☐ City elected official (Go to Part Two, Question 6)
- ☐ City employee (Go to Part Two, Question 6)
- ☐ Board member or hearing officer (Go to Part Two, Question 8)
- ☐ Neighborhood planning unit (NPU) officer (Go to Part Two, Question 8)

### PART TWO: POSITION WITH THE CITY OF ATLANTA

#### 6. Select the position that best describes your job with the City.

- ☐ Mayor
- ☐ Council President
- ☐ City Council Member
- ☐ Municipal or Traffic Court Judge
- ☐ Chief or Deputy Chief Operating Officer; Chief or Deputy Chief of Staff
- ☐ Commissioner, Department head, or its equivalent
- ☐ Deputy Commissioner, Deputy Department head, or its equivalent
- ☐ Other city employee

#### 7. What is the name of your city department or agency?

\_\_\_\_\_

**8. Select the category that best describes your position with the City.**

- ☐ Board chair  
☐ Board member  
☐ Hearing officer  
☐ NPU officer  
☐ Other (identify) \_\_\_\_\_

**9. What is the name of the board, committee, or NPU before which the matter is pending?**

\_\_\_\_\_

**PART THREE: DISCLOSURE STATEMENT**

**10. Describe the matter, legislation, or decision that is pending before you, your agency, or your board.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Select the category that best describes the nature of your conflict.**

- ☐ Financial  
☐ Personal  
☐ Both  
☐ Other (Identify) \_\_\_\_\_

**12. Briefly describe the interest that you have in the matter.**

\_\_\_\_\_

\_\_\_\_\_

**13. When did the matter come before you, your agency, or board?**

- ☐ Ongoing during term of office  
☐ Date(s) (mm/dd/yyyy) \_\_\_\_\_

**PART FOUR: SIGNATURE**

**I affirm that I will not vote, discuss, decide, participate, or seek to influence others about the matter pending before me or the agency of which I am a member or employed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Filing Instructions: This form must be filed with the Office of the Municipal Clerk and Ethics Office. You may file this form by (1) delivering the information via the online form at <https://apps.atlantaga.gov/efile> or (2) hand delivering or mailing the original for filing at the Municipal Clerk's office, 55 Trinity Avenue, Suite 2700, Atlanta, Georgia 30303, with a copy to the Ethics Office, 68 Mitchell Street, Suite 3180, Atlanta, Georgia 30303.